

Judge

~~BNCR DENIAL OF BENEFITS REVIEW.~~

2. PARTIES

Plaintiff, RICHARD RALPH MALCOLM, resides at 10030 SW 8 ST
(Street Address)
PEMBROKE PINES, FL 33025, 786-916-1222
(City, State, ZIP Code) (Telephone Number)

If more than one plaintiff, provide the same information for each plaintiff below.

RELATED CASES. Is this case directly related to any pending or previously filed cases in the United States Court of Federal Claims? ☒ Yes ☐ No

If yes, please list the case(s) below, including case number(s):

no.17-1417C

3. STATEMENT OF THE CLAIM. State as briefly as possible the facts of your case. Describe how the United States is involved. You must state exactly what the United States did, or failed to do, that has caused you to initiate this legal action. Be as specific as possible and use additional paper as necessary.

I was an honors student attending college at Florida International University majoring in Computer Engineering when I left college to join the US Navy after 911. I joined the military in February 2002 and realized that my mental faculties had become askew during bootcamp. I complained to my chain of command but they refused to listen and denied me medical treatment but instead set back my graduation from bootcamp. I was sent to the fleet and unit VF-31 in violation of standard care mental care practices and the Navy's own directives. I complained to the command of VF-31 about my increased blood pressure, inability to process information, inability to remember information, disorientation, lack of reality, disassociation, painful debilitating headaches and other symptoms on numerous occasions. The command of VF-31 instead mistreated me and denied me mental treatment and lied and falsified documents.

4. **RELIEF.** Briefly state exactly what you want the court to do for you.

The relief I seek is retroactive disability benefits and removal of
all negative marks in my record and \$1,000,000 in compensation.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of 04, 2020.
(day) (month) (year)



Signature of Plaintiff(s)

In the United States Court of Federal Claims

RICHARD RALPH MALCOLM

Plaintiff(s),

v.

THE UNITED STATES,

Defendant.

Case No. _____

Judge _____

CERTIFICATE OF SERVICE

I hereby certify that on 04/16/2020, _____, a copy of COMPLAINT

was mailed via US MAIL, to Department of Justice
at 950 Pennsylvania Avenue, NW Washington, DC 20530-0001.



(Signature of Applicant)

Richard Ralph Malcolm

(Printed Name)

10030 sw 8 st

(Street Address)

Pembroke Pines, FL, 33025

(City, State, ZIP Code)

786-916-1222

(Phone Number)